

Receipt

Serial No. 09/943,438
Docket No. 40655.4900

CERTIFICATE OF MAILING

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Date: March 26, 2002


Signature of Person Mailing Correspondence



--PATENT--

**IN THE UNITED STATES PATENT AND
TRADEMARK OFFICE**

Applicant: Provinse, Shirley J. Docket No.: 40655.4900

Serial No.: 09/943,438 Filing Date: August 27, 2001

Title: SYSTEM AND MEHTOD FOR
ACCOUNT
RECONCILIATION Confirmation No.: 8195

FIRST REQUEST FOR CORRECTION OF FILING RECEIPT DATA

Office of Initial Patent Examination
Customer Service Center
Washington, D.C. 20231

Dear Sir:

Thank you for the Filing Receipt with respect to the above-identified patent application. We have noticed an error on the Filing Receipt, as explained below:

The spelling of the Applicant's name as it appears on the filing receipt is:

Shirely J. Provinse

The correct spelling of Applicant's name should be:

Shirley J. Provinse

A copy of the Filing Receipt with the requested correction noted thereon is enclosed.

With the requested correction, the Filing Receipt will agree with the U.S. utility patent application as filed. We look forward to receiving a corrected Filing Receipt for this application.

If you should have any questions, please do not hesitate to contact the undersigned at the telephone number listed below.

Respectfully submitted,

Dated: March 26, 2002 By 
Michelle R. Whittington, Reg. No. 43,844

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UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/943,438	08/27/2001	2164	1202	40655.4900	10	34	6

CONFIRMATION NO. 8195

FILING RECEIPT



OC000000006838639

Michelle Whittington
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Date Mailed: 10/03/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

SHIRLEY

Shirely J. Provinse, Bethesda, MD;

Domestic Priority data as claimed by applicant

THIS APPLN CLAIMS BENEFIT OF 60/228,236 08/25/2000

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APR 15 2002

Foreign Applications

Technology Center 2100

If Required, Foreign Filing License Granted 10/03/2001

Projected Publication Date: 02/28/2002

Non-Publication Request: No

Early Publication Request: No

Title

System and method for account reconciliation

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OCT 10 2001

Preliminary Class

705

SNELL & WILMER, LLP

Noted for receipt; Correction due 10/30/01 (if necessary)

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Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15



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Bib Data Sheet

CONFIRMATION NO. 8195

SERIAL NUMBER 09/943,438	FILING DATE 08/27/2001 RULE	CLASS 705	GROUP ART UNIT 2164	ATTORNEY DOCKET NO. 40655.4900
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APPLICANTS

Shirley J. Provinse, Bethesda, MD;

**** CONTINUING DATA *******

THIS APPLN CLAIMS BENEFIT OF 60/228,236 08/25/2000

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 10/03/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
MD	10	34	6

ADDRESS

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TITLE

System and method for account reconciliation

FILING FEE RECEIVED 1202	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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